Narrative Exposure Therapy **(NET)**

Summary

Narrative Exposure Therapy (NET) is a treatment for trauma-spectrum disorders in survivors of multiple and complex trauma. NET builds on the theory of the dual representation of traumatic memories (Elbert & Schauer, 2002). It is thought to contextualize the particular associative elements of the fear network, the sensory, affective and cognitive memories of trauma to understand and process the memory of a traumatic event in the course of the particular life of a client. Therefore, in NET, the patient, with the assistance of the therapist, constructs a chronological narrative of his life story with a focus on the traumatic experiences. Fragmented reports of the traumatic experiences will be transformed into a coherent narrative. Empathic understanding, active listening, congruency and unconditional positive regard are key components of the therapist's behavior. For traumatic stress experiences the therapist asks in detail for emotions, cognitions, sensory information, physiological responses and probes for respective observations. The patient is encouraged to relive these emotions while narrating without losing their connection to the "here and now": using permanent reminders that the feelings and physiological responses result from memories, the therapist links the experiences to episodic facts, i.e., time and place. In this way reprocessing, meaning-making and integration is facilitated. At the end of treatment the recorded autobiography may be used for human rights advocacy.

The method of narrating the entire life story does not require the clients to select a single traumatic event from their trauma history. NET allows reflection on the person's entire life as a whole, fostering a sense of personal identity. Working through the biography highlights the recognition and meaning of interrelated emotional networks from experiences, facilitating integration and an understanding of schemas and behavioral patterns that evolved during development. Regaining of survivor's dignity and satisfaction of the need for acknowledgement as well as the explicit human rights orientation of 'testifying' distinguishes the approach. The procedure is straightforward and can be easily understood by local therapists and counselors in resource poor contexts (i.e. after war and disaster). Additionally, the fact that the survivor receives a written biography as a result of the treatment has turned out to be a major incentive to complete treatment.



For full information about the NET procedure see the manual:
Schauer, M., Neuner, F., Elbert T. (2011). *Narrative Exposure Therapy: A short Term Treatment For Traumatic Stress Disorders* (2nd edition). Cambridge, MA: Hogrefe Publishing

For a current review of NET see:
Robjant, K. & Fazel, M. (2010). The emerging evidence for Narrative Exposure Therapy: a review. *Clinical Psychology Reviews*, 30(8), 1030-9

NET Background

There is a dose-response relationship between experience of traumatic events and PTSD. Several studies demonstrate that the prevalence of PTSD correlates with the number of traumatic events experienced in adults, as well as children (Schauer et al., 2003; Neuner et al., 2004; Catani et al., 2008). Although the evidence base is strong for using treatment such as trauma-focused CBT (TF-CBT) with patients who have had up to a few traumas, the evidence is much less clear for patients with multiple traumas.

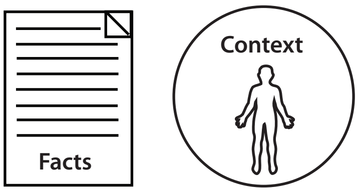
Emotional memories are tied together in a network of Sensory/Cognitive/Emotional/Physiological elements. Multiple trauma is conceptualised as the broadening of fear networks through experience of multiple traumatic events so that the fear network can be triggered by exposure to any of the cues contained within the network, from any of the traumatic events that a person has experienced.

For example, the physiological component of "increased heart beat" might be a node in multiple traumas – it might link to multiple specific trauma memories or trauma cognitions. This explains why people with multiple trauma often have flashbacks to multiple events at once ("flickbook effect").

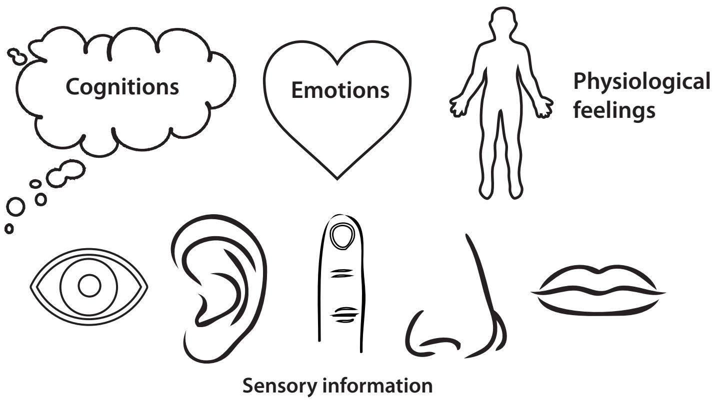
The model (Elbert & Schauer, 2002) draws a distinction between:

- COLD memories – e.g. context, facts
- HOT memories – sensory information, cognitions, emotions, and physiological feelings

COLD memories



HOT memories



The NET model argues that in PTSD, HOT memory is involuntarily retrieved without links to the cold memory, as a result of neurobiological processes occurring at the time of a traumatic event.

During narrative exposure the previously unconnected fear networks for the traumatic events are activated and linked with the cold memory, in order to contextualise the events. The aim is to complete an autobiographical memory by linking the hot and cold memory in this way, contextualising each event. In addition, the fear response is inhibited by exposure to the traumatic memory. Meaning making occurs as a result of the re-visiting of the traumatic memory and allowing the patient can see the event in the context of (from the perspective of...) their ongoing life, instead of an event being re-experienced in the present.

Practical Elements of NET

- Part 1: Diagnostic interview and psychoeducation
  The therapist should discuss, for example:
  - brain model
  - fear network
  - plan for therapy (lifeline, narration, testimony)
  - dangers / problems of avoidance
  - informed consent

- Part 2: Laying out the *Lifeline* (optional)

- Part 3: NET therapy sessions - Narrative Exposure to flowers & stones
  The focus in NET is on the stones that are causing PTSD symptoms

- Part 4: Final session rituals
  - Re-reading the narrative - trying to promote engagement in exposure to trauma material while re-reading and not avoiding
  - Signing of the narrative by the client, therapist, and witnesses (e.g. translator)
  - Hopes for the future
  - Laying out of the final *Lifeline* including all the positive, negative, sad (losses), and aggressive (violent) events (flowers, stones, candles, sticks) and finally placing flowers for hopes and wishes for the future

Lifeline (this is an optional part of the NET procedure)

Note: There is evidence for the effectiveness of narrative exposure therapy (NET) both with and without the *Lifeline* in the treatment plan (see appendix for more information). However, clinical efficacy of the Lifeline as stand alone procedure (without subsequent processing of the traumatic events in trauma therapy) in the treatment of traumatized people has not been demonstrated. The placing of the Lifeline is highly individual, requires good theoretical knowledge of the nature and specificity of the trauma-memory and needs close monitoring by the therapist.

Conducting the Lifeline exercise

Lay out a piece of rope (or ribbon if rope has unhelpful connotations). One end is when they were born. The other end should be rolled up to indicate life yet to come. *"We're taking a birds-eye view of your life"*

Stones and flowers are given a label or a name. This can be especially difficult for events involving high levels of shame – lots of praise & gentle encouragement.

At this point you don't want too much detail about any events because there isn't time to deal with these properly. It is important to stay on the cool, contextual side of things. An overview of a person's life is achieved. At this stage the therapist avoids questions about the hot memory and instead focuses on the cold memory.

Stones or flowers can't be placed for the time before the beginning of the person's life. You can ask the question *"when did you become aware of the effects of that event?"* and mark the beginning of their awareness.

Flowers – especially if the client does not volunteer many positive events then it can be helpful to probe for *"positive people you have had in your life"* to elaborate you could ask *"what did that person give you?"*

The therapist supports the client to place the stones and flowers in chronological order along the lifeline.

The therapist should take a picture of the lifeline, or make a copy on a piece of paper, with notes about the order of events, and brief descriptions of each event.

At this first session the plan can be given for future sessions. The rationale given is that each even will be spoken about. If there are too many individual events then the patient should be involved in making the decision about which events need to be spoken about, and which can be missed. Stones representing traumatic events which cause PTSD symptoms must be prioritised.

Finally the lifeline should be packed up – it is the client's choice who does this and how this is done. *"How should we pack this up for today?"*

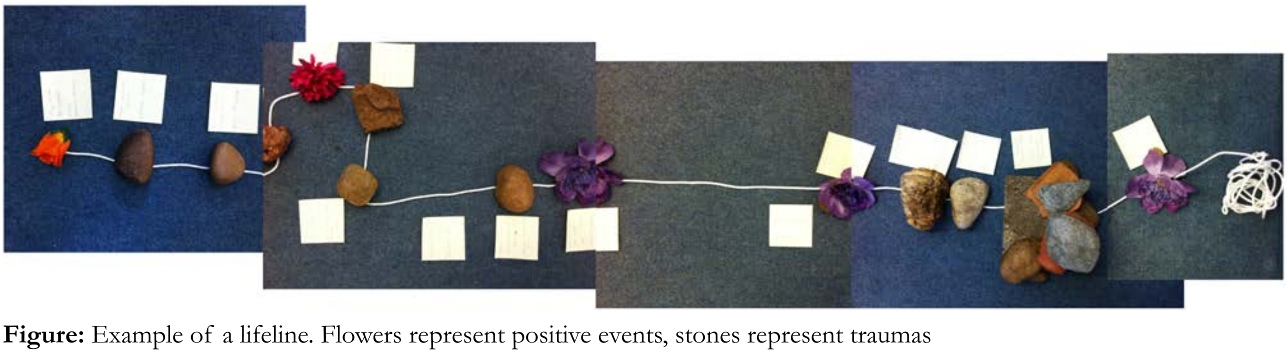


Figure: Example of a lifeline. Flowers represent positive events, stones represent traumas

Narrative Exposure

The majority of NET sessions are spent getting a detailed description of the events on the lifeline within an overall biography of the client's life. Proceed through the lifeline from the beginning to the present (see Schauer, Neuner, Elbert, 2011).

The start of each session involves the therapist reading out the narrative from the previous session.

Practical note: Take notes about the context of an event, but don't take notes during the detailed elaboration of the stone – the therapist needs to be completely focused on client and attuned to how they look and how they are reacting – instead make notes as soon as possible afterwards.

Context - try to establish the exact circumstances and environment before the stone starts
"What was going on before the event happened?"

The aim of each narrative session is to try to connect the HOT and COLD memories of the trauma. Some descriptions of NET are that it is like 'weaving' the two parts of the memory together.

When speaking about the past try to use the past tense
but
Make contrasts between the present (using the present tense: "are you feeling that now?") and the past.

The therapist should use lots of clarifying questions to fully elaborate all cues / nodes within the memory network. The therapist shouldn't be afraid of suggesting what they think the patient might be feeling – as long as it is offered as a suggestion the patient should feel comfortable to correct the therapist if the guess is incorrect.
"How do you feel?"
"You look disgusted. Do you feel that now? And back then?"
"You look like you feel quite defeated?"

During a narrative exposure session the therapist might move into present-tense to modulate arousal ('increase the heat'), or past-tense to 'cool things down'. The narrative is always written in past tense.

Stones

Start by eliciting some context. Where did this event take place? What date / month was it? What season? Can they give you some background to what was going on in their life at this point? What was the political situation like at the time?

When you get to a stone, slow down and try to get some context for what was happening about 2 hours before / the beginning of that day.

Stay in the hot spot until the client experiences some relief.

Prevent – avoidance, dissociation, flashbacks (important not to misunderstand this point: powerful dissociative flashbacks were the individual loses touch with the present are to be avoided, it would be expected for the patient to have vivid intrusive memories during the narrative exposure)

Must challenge avoidance – in your psychoeducation section you will need to have talked about avoidance in advance, and the client must know that you will expect and encourage them to carry on with a narrative right until the end / a safe point.
"I know this is the worst bit, but it won't help to stop here. I'm right here with you, you're not on your own"

Head, heart, body, then-and-now

You are trying to elicit and help the client to verbalise all parts of the fear network including sensory information:

- cognitions (head), emotions (heart)
- physiological reactions (body)
- the therapist also invites the client to notice whether these experiences that occurred in the past (then) are occurring in the present (now), and vice versa in order to elicit similarities/differences

Style – clarifying interruptions are quite frequent in NET if it helps the client to verbalise an emotion or experience:
"and what was going through your mind right then?"
"I notice you're rubbing your neck, do you feel something in it now that is similar to what you felt at the time?"
Closely watch the client and tentatively suggest / notice what they might be feeling

If the client is avoidant then the therapist's job is to try to keep them engaged in the memory

- ask more questions about what they were thinking and feeling at the time
- creative tools including drawing, use of figures and body position can be used to help clarify the context or allow the client to talk through their experience. These are partocularly helpful with children

If the client has a flashback then the therapist's job is to try to bring them back to the here-and-now

- to prevent flashbacks the therapist should ask the client to talk slowly through the event and contrast between the past and the present
- for dissociative clients specific interventions are recommended for use while the client continues to talk through the stone (see Schauer & Elbert, 2010).
- The use of grounding techniques outside of exposure to the traumatic event can be useful if the client is dissociated

No mix of exposure (opening up and getting detail) and closure (closing down and moving on)

- i.e. don't go back once you've closed down. Explore the event in chronological order
- plan to stay exploring a stone (event) for considerable time. This will take 90-120 minutes. Never stop halfway through exposure to the memory of a traumatic event

When writing the narrative only describe what they felt at the time (when you are discussing the event with them you will be asking questions about what they feel in the here-and-now, but on the written narrative you only record what they felt at the time)

Appendix: Note regarding the Lifeline

Within Narrative Exposure Therapy (NET), the *Lifeline* was first introduced in trauma therapy with children: KIDNET (Schauer et al. 2004; Onyut et al. 2005) and to this day maintained (Schaal et al. 2009; Catani et al. 2009 Ruf et al. 2010 , Ertl et al. 2012; Hermenau et al. 2012); for KIDNET see also Neuner et al. (2008); Ruf et al. (2007/2012) ; Ruf & Schauer (2012).

Soon, the classic *Lifeline* method was also adopted in NET for different groups of adult survivors of multiple and complex trauma (Neuner et al. 2004; Schauer et al. 2006 ; Bichescu et al. 2007 ; Neuner et al. 2008; Schaal et al. 2009; Neuner et al. 2010 ; Halvorsen u Stenmark , 2010 Hensel Dittmann et al. 2011; Pabst et al. 2012a , 2012b , 2014 ; Stenmark et al. 2013) and a special form of *Lifeline* was also introduced as a paper-and-pencil version, in which the patient paints the important biographical highlights of the timeline on a piece of paper (Doemen et al. 2012; Ejiri et al. 2012; Zang et al. 2013)

A note of caution: There is considerable evidence for the effectiveness of narrative exposure therapy (NET) including the Lifeline in the treatment plan (see above). However, an equal treatment success has been confirmed for Narrative Exposure *without* the *Lifeline* module (Neuner et al. 2004; Schauer et al. 2006 and Hijazi 2012). Conversely, clinical efficacy of the *Lifeline* as stand alone procedure (without subsequent processing of the traumatic events in trauma therapy) in the treatment of traumatized people has not been shown. The placing of the *Lifeline* is highly individual, requires good theoretical knowledge of the nature and specificity of the trauma-memory (see Schauer, Neuner, Elbert 2011) and needs close monitoring by the therapists. The Lifeline should be completed in one session, not spread over multiple sessions.

References

Bichescu, D., Neuner, R, Schauer, M., & Elbert, T. (2007). Narrative Exposure Therapy of political imprisonment-related chronic trauma-spectrum disorders. *Behaviour Research and Therapy*, 45, 2212-2220.

Catani, C., Jacob N., Schauer, E., Kohila, M., Neuner, F. (2008). Family violence, war, and natural disasters: Effect of extreme stress on children's mental health in Sri Lanka, *BMC Psychiatry*, 8:33.

Catani, C., Schauer,E., Elbert, T., Missmahl, I., Bette, J. P., Neuner, F. (2009). War trauma, child labor, and family violence: Life adversities and PTSD in a sample of school children in Kabul. *Journal of Traumatic Stress*, 22, 163-171.

Dōmen,I., Ejiri,M., & Mori, S. (2012). Narrative Exposure Therapy for the treatment of Complex PTSD: An examination of the effect and adaptation. *The Japanese Journal of Psychotherapy*, Vol.13, No.1, 67-74.

Ejiri,M., Dōmen,I.,& Mori, S. (2012). A trial study for introducing Narrative Exposure Therapy into psychiatric practice: An examination of the effect and adaption. *The Japanese Journal of Psychotherapy*, Vol. 13,No.1, 59-65.

Elbert, T., & Schauer, M. (2002). Burnt into memory. *Nature*, 412, 883.

Ertl, V., Pfeiffer, A., Schauer, E., Elbert, T., & Neuner, F. (2011). Community-Implemented Trauma Therapy for Former Child Soldiers in Northern Uganda: A Randomized Controlled Trial. *JAMA*, 206, 503-512.

Halvorsen, J. Ø., Stenmark, H. (2010). Narrative exposure therapy for posttraumatic stress disorder in tortured refugees: a preliminary uncontrolled trial. *Scandinavian Journal of Psychology*, 51(6), 495-502.

Hermenau, K., Hecker, T., Ruf, M., , Schauer, E., Elbert, T. & Schauer, M. (2012). Childhood adversity, mental ill-health and aggressive behavior in an African orphanage: Changes in response to trauma-focused therapy and the implementation of a new instructional system. *Child and Adolescent Psychiatry and Mental Health*, 5:29

Hensel-Dittmann, D. (2011). Treatment of traumatized victims of war and torture: a randomized controlled comparison of narrative exposure therapy and stress inoculation training. *Psychotherapy and Psychosomatics*, 80(6), 345-352

Hijazi, A. M. (2012). *Narrative exposure therapy to treat traumatic stress in middle eastern refugees: a clinical trial.* Wayne State University Dissertations. Paper 543.

Neuner, F., Schauer, M., Karunakara, U., Klaschik, C., Robert C., & Elbert, T. (2004). Psychological trauma and evidence for enhanced vulnerability for PTSD through previous trauma in West Nile refugees. *BMC Psychiatry,* 4, 34.

Neuner, F., Schauer, M., Karunakara, U., Klaschik, C., Robert C., & Elbert, T. (2004). Psychological trauma and evidence for enhanced vulnerability for PTSD through previous trauma in West Nile refugees. *BMC Psychiatry*, 4, 34.

Neuner, F., Onyut, P. L., Ertl, V., Odenwald, M., Schauer, E., & Elbert, T. (2008). Treatment of posttraumatic stress disorder by trained lay counselors in an African refugee settlement: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 76, 686-694.

Neuner, F., Schauer, M., Karunakara, U., Klaschik, C., Robert C., & Elbert, T. (2004) Psychological trauma and evidence for enhanced vulnerability for PTSD through previous trauma in West Nile refugees. *BMC Psychiatry*, 4, 34.

Onyut, P. L., Neuner, F,, Schauer, E., Ertl, V., Odenwald, M., Schauer, M., & Elbert, T. (2005). Narrative Exposure Therapy as a treatment for child war survivors with posttraumatic stress disorder: Two case reports and a pilot study in an African refugee settlement. *BMC Psychiatry*, 5, 7.

Pabst, A., Aldenhoff, J., Schauer, M., Ruf, M., Elbert, T., & Seeck-Hirschner, M. (2012). Behandlung von Borderline Störungen mit komorbider Posttraumatischer Belastungsstörung. Anwendung der narrativen Expositionstherapie (NET). *Nervenheilkunde*, 31, 645-652.

Pabst, A., Schauer, M., Bernhardt, K., Ruf, M., Goder, R., Rosentraeger, R., Elbert, T., Aldenhoff, J., & Seeck-Hirschner, M. (2012). Treatment of patients with borderline personality disorder and comorbid posttraumatic stress disorder using narrative exposure therapy: a feasibility study. *Psychotherapy and Psychosomatics*, 81(1), 61-63.

Pabst, A., Schauer, M., Bernhardt, K., Ruf, M., Goder, R., Elbert, T., Rosentraeger, R., Robjant, K., Aldenhoff, J., & Seeck-Hirschner, M. (2014). Evaluation of Narrative Exposure Therapy (NET) for Borderline Personality Disorder with comorbid Posttraumatic Stress Disorder. *BMC Psychiatry*.

Neuner, F., Kurreck, S., Ruf, M., Odenwald, M., Elbert, T., & Schauer, M. (2010). Can asylum-seekers with posttraumatic stress disorder be successfully treated? A randomized controlled pilot study. *Cognitive Behavior Therapy*, 39, 81-91.

Robjant, K., & Fazel, M. (2010). The emerging evidence for Narrative Exposure Therapy: A review. *Clinical Psychology Reviews*, 30, 1030-1039.

Ruf, M., Schauer, M., Neuner, P., Catani, C., Schauer, E., & Elbert, T (2010). Narrative Exposure Therapy for 7 to 16 year olds a randomized controlled trial with traumatized refugee children. *Journal of Traumatic Stress*, 23, 437-445.

Ruf, M. & Schauer, M. (2012). Facing childhood trauma: Narrative Exposure Therapy within a Cascade Model of Care. In: Jennifer Murray (Ed.) *Exposure Therapy: New Developments*. New York: Nova Science Publishers, pp. 229-261.

Schaal, S., Elbert, T,, & Neuner, F. (2009). Narrative Exposure Therapy versus group Interpersonal Psychotherapy: A controlled clinical trial with orphaned survivors of the Rwandan genocide. *Psychotherapy and Psychosomatics*, 78, 298-306.

Schauer, M., & Elbert, T. (2010). Dissociation following traumatic stress: Etiology and treatment. *Zeitschrift filr Psychologie/Journal of Psychology*, 218, 109-127.

Schauer, M., Neuner, F., Elbert T. (2011). *Narrative Exposure Therapy: A short Term Treatment For Traumatic Stress Disorders (2nd edition).* Cambridge, MA: Hogrefe Publishing

Schauer, M., Neuner, F., Kamnakara, U., Klaschik, C., Robert, C., & Elbert, T. (2003). PTSD and the "building block" effect of psychological trauma among West Nile Africans. *ESTSS (European Society for Traumatic Stress Studies) Bulletin*, 10(2), 5-6.

Schauer, E., Neuner, F., Elbert, T., Ertl, V., Onyut, L., Odenwald, M., & Schauer, M. (2004). Narrative exposure therapy in children-A case study. *Intervention*, 2(1), 18-32.

Schauer, M., Elbert, T., Gotthardt, S., Rockstroh, B., Odenwald, M., Neuner, F. (2006). Wiedererfahrung durch Psychotherapie modifiziert Geist und Gehim. *Verhaltenstherapie*, 16, 96-103.

Stenmark, H., Catani, C., Neuner, F., Elbert, T., & Holen, A. (2013). Treating PTSD in refugees and asylum seekers within the general health care system. A randomized controlled multicenter study. *Behaviour Research and Therapy*, Vol 51(10), 641-647.

Zang, Y., Hunt, N., Cox, T. (2013). A randomised controlled pilot study: the effectiveness of narrative exposure therapy with adult survivors of the Sichuan earthquake. *BMC Psychiatry*, 13(41)